

STATE CONTROLLER'S OFFICE
PERSONNEL/PAYROLL SERVICES DIVISION
P. O. BOX 942850
Sacramento, CA 94250-5878

DATE: September 14, 2018

PERSONNEL LETTER #18-020
(CSU Only)

TO: All Campuses in the Uniform State Payroll System

FROM: Marissa Revelino, Chief
Personnel/Payroll Services Division

**RE: AFFORDABLE CARE ACT ADVANCED PREMIUM TAX CREDIT NOTIFICATION
AND APPEAL PROCESS**

Under the Employer Shared Responsibility provisions of the Affordable Care Act (ACA), the State of California may be subject to penalties for each full-time employee¹ who receives an advanced premium tax credit (APTC) toward the purchase of their health coverage through Covered California, the state's health marketplace, or the U.S. Department of Health and Human Services (HHS), the federal health marketplace.

Covered California or HHS will send letters to employers with information about their employees who received an APTC toward the purchase of their health coverage through one of the health marketplaces. The notices are sent to employers if at the time of enrollment, their employee attested that he/she was neither enrolled in, nor offered affordable employer-sponsored health coverage. When a notice is sent, it provides an opportunity for employers to appeal an employees' APTC eligibility if the employee was actually offered an opportunity to enroll in employer-sponsored health coverage that met the ACA's affordability and minimum value standards. Appealing an employee's eligibility for an APTC could reduce the state's exposure to a penalty assessment from the Internal Revenue Service.

Covered California has begun issuing letters to employers and will continue to for the next three weeks. It is imperative that Human Resources personnel understand the notification process since SCO has only 90 days from the date of the notice to file an appeal if necessary.

To facilitate the appeals process, the State Controller's Office (SCO) has developed the ACA Tax Credit Notification Intake Form (Attachment A, https://sco.ca.gov/Files-PPSD/ACA_Tax_Credit_Notification_Form_Fillable_CSU.pdf). Campus human resources staff must complete this form each time a notice from Covered California or HHS is received. The information that is provided on the form will help SCO to determine whether an appeal is necessary.

¹ Full-time employees are defined as those employees who average 130 or more hours of service during an applicable 12-month measurement period.

When a notice is received, the Chancellor's Office and campuses must gather the following information:

- ☐ Copy of notice from Covered California or HHS
- ☐ Completed ACA Tax Credit Notification Intake Form (see Attachment A, http://www.sco.ca.gov/Files-PPSD/ACA_Tax_Credit_Notification_Form_Fillable_CS.pdf)
- ☐ PERS-HBD-12 (if the employee elected benefits)
- ☐ PERS-HBD-12A (if the employee declined benefits)
- ☐ Any other supporting documentation

Within 10 days of receipt of the notice, campuses must provide the above listed items to the Chancellor's Office at the address listed below.

ATTN: HRM Benefits
California State University, Office of the Chancellor
401 Golden Shore
Long Beach, CA 90802

The Chancellor's Office will work with SCO to determine an employee's eligibility for the APTC. SCO will file an appeal if the employee was offered an opportunity to enroll in employer-sponsored health coverage that met the ACA's affordability and minimum value standards.

If you have additional questions related to ACA reporting or the ACA Tax Credit Notification Intake Form, please contact ACA Online Support at (916) 322-3770 or via email at acasupport@sco.ca.gov.

MR:MV:SH:ACA

ATTACHMENT A

State of California—Controller's Office

ACA Tax Credit Notification Intake Form - CSU

PPSD 54 (rev. 04/2017)

Instructions: Human Resources staff are to complete this form when a notification is received from Covered California (the state's health marketplace) or the U.S. Department of Health and Human Services (the federal health marketplace) about employees who received an Advanced Premium Tax Credit (APTC) for purchasing their health coverage through one of the marketplaces. Mail the completed form, the marketplace notification, a copy of the employee's HBD12 (if benefits were elected) or HBD12A (if benefits were declined) and any additional supporting documentation to the address below **within 10 days of receipt of the notification.**

ATTN: HRM Benefits
 CSU Office of the Chancellor
 401 Golden Shore
 Long Beach, CA 90802

It is important that all information on this form is filled out correctly. The Chancellor's Office will work with SCO to determine if it is necessary to appeal the employee's eligibility for an APTC. An appeal will be filed if the employee was offered an opportunity to enroll in employer-sponsored health coverage that met the ACA's affordability and minimum value standards. Appealing an employee's eligibility determination for an APTC could reduce the campus' exposure to a penalty assessment from the Internal Revenue Service under the ACA's Employer Shared Responsibility Provisions.

Campus Information

Campus Name _____
 3-Digit Agency Code _____
 Contact Person _____
 Phone Number _____
 Email _____

Employee Information

Employee's SSN _____ Employee's Name _____

1. Was the employee appointed to a position eligible for health benefits during the timeframe indicated on the notice?
☐ No ☐ Yes, date of eligibility _____
2. Was health coverage offered to the employee?
☐ No ☐ Yes, date offered _____
3. Was the employee enrolled in health coverage during the timeframe indicated on the notice?
☐ No ☐ Yes, effective date of coverage _____

Notes _____

 _____**SCO Use Only**

Date Received _____ Analyst Assigned _____ Appeal Required ☒ Yes ☐ No